

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1956

State File No. **25166**
Registrar's No. **6312**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION D.O.A. Homer Phillips Hosp.			e. STREET ADDRESS (If rural, give location) 2631a Baldwin Street 2209		
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) ISRAEL c. (Last) MURRAY			4. DATE OF DEATH (Month) (Day) (Year) July 1, 1956		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 1, 1932		9. AGE (In years last birthday) 24		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 1 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. BIRTHPLACE (City and State or Foreign Country) Grady, Arkansas	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Soap Factory		11. BIRTHPLACE (City and State or Foreign Country) Grady, Arkansas	
13a. FATHER'S NAME James F. Murray		13b. MOTHER'S MAIDEN NAME Frankie Rogers		14. NAME OF HUSBAND OR WIFE Ethel Murray	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 500.32 8545		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frankie Murray, 2847 Montgomery St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Internal Hemorrhage. ANTECEDENT CAUSES Multiple fractures; suffered while struck by Public Service Street Car on the Hademanant Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. fractures in front of about 6111 II. OTHER SIGNIFICANT CONDITIONS Septicemia on July 1, 1956 Conditions contributing to the death not related to the disease or condition leading to death. at about 512 a.m.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME (Month) (Day) (Year) (Hour) (Minute) July 1 56 5 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E840X	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:28 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE James M. Keely		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7-3-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-7-56		24c. NAME OF CEMETERY OR CREMATORY Washington Park St. Louis Co. Mo.	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl Smith 1625 Glasgow			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed: *ADP Richardson*.....

Licensed Embalmer No. *2928*.....

P. O. Address *City*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.